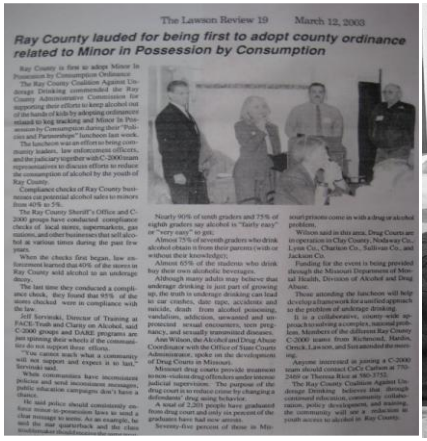
STRATEGIC PLAN FOR PREVENTION

2010-2015



The Lawson Review 19 March 12, 2003

Ray County lauded for being first to adopt county ordinance related to Minor in Possession by Consumption

Ray County is first to adopt Minor In Possession by Consumption Ordinance

The Ray County Coalition Against Underage Drinking commended the Ray County Administrative Commission for supporting their efforts to keep alcohol out of the hands of kids by adopting ordinances related to keg tracking and Minor In Possession by Consumption during their "Policies and Partnerships" luncheon last week.

The luncheon was an effort to bring community leaders, law enforcement officials, and the judiciary together with C-2000 team representatives to discuss efforts to reduce the consumption of alcohol by the youth of Ray County.

Compliance checks of Ray County businesses on potential alcohol sales to minors from 40% to 5%.

The Ray County Sheriff's Office and C-2000 groups have conducted compliance checks of local stores, supermarkets, gas stations, and other businesses that sell alcohol at various times during the past few years.

When the checks first began, law enforcement learned that 40% of the stores in Ray County sold alcohol to an underage decoy.

The last time they conducted a compliance check, they found that 95% of the stores checked were in compliance with the law.

Jeff Sevranski, Director of Training at FACE Youth and Clarity on Alcohol, said C-2000 groups and DARE programs are just ignoring their wheels if the community do not support these efforts.

"You cannot teach what a community will not support and expect it to last," Sevranski said.

When communities have inconsistent policies and send inconsistent messages, public education campaigns don't have a chance.

He said police should consistently enforce minor in possession laws to send a clear message to teens. As an example, he said the star quarterback and the class

Nearly 90% of tenth graders and 75% of eighth graders say alcohol is "fairly easy" or "very easy" to get.

Almost 75% of seventh graders who drink alcohol obtain it from their parents (with or without their knowledge).

Almost 65% of the students who drink buy their own alcoholic beverages.

Although many adults may believe that underage drinking is just part of growing up, the truth is underage drinking can lead to car crashes, date rape, accidents and suicide, death from alcohol poisoning, vandalism, addiction, unwanted and unprotected sexual encounters, teen pregnancy, and sexually transmitted diseases.

Ann Wilson, the Alcohol and Drug Abuse Coordinator with the Office of State Courts Administrator, spoke on the development of Drug Courts in Missouri.

Missouri drug courts provide treatment to non-violent drug offenders under intense judicial supervision. The purpose of the drug court is to reduce crime by changing a defendants' drug using behavior.

A total of 2,205 people have graduated from drug court and only six percent of the graduates have had new arrests.

Seventy-five percent of those in Mis-

court options come in with a drug or alcohol problem.

Wilson said in this area, Drug Courts are in operation in Clay County, Nodaway Co., Lynn Co., Chariton Co., Sullivan Co., and Jackson Co.

Funding for the event is being provided through the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse.

Those attending the luncheon will help develop a framework for a unified approach to the problem of underage drinking.

It is a collaborative, county-wide approach to solving a complex, national problem. Members of the different Ray County C-2000 teams from Richmond, Hardin, Orrick, Lawson, and Sun attended the meeting.

Anyone interested in joining a C-2000 team should contact CeCe Carlson at 776-2469 or Theresa Rice at 580-5732.

The Ray County Coalition Against Underage Drinking believes that through continued education, community collaboration, policy development, and training, the community will see a reduction in youth access to alcohol in Ray County.

Demo Derby goes alcohol-free; Crowd still packs stands

By C.E. GOODALL
The Daily News Staff

For the first time ever the Demolition Derby did not allow spectators to bring alcoholic beverages into the Fair Grounds. The stands were still packed and everything went as planned with no problems.

Lisa Forbes won the raffle to drive a demolition derby car and made it deep into her heat before being forced to break the stick, eliminating her from the heat.

The compact car derby allowed for some good hits and fun for the spectators as one car had a rear wheel bent and was competing on just three wheels for most of the derby.

Jim Miller won the derby, with Teddy White taking second.

In the truck derby, only four entries took to the arena.

With only four in the arena there was a lot of chasing, before the hitting really got started. But once it started it didn't take long until it was down to two competitors.

It came down to Willie Clancy against Artie Clark. There were several good hits made, but neither driver or vehicle would quit. Both trucks took their turn stalling after being hit, but Clancy was able to be the last one running and took the win in the truck derby.

Clancy finished first and Clark second.

Several individuals at the derby commented on how much they appreciated the Fair Board eliminating the alcohol from the derby.

"There just didn't seem to be that electricity in the air when you walked in," announcer Dean Snow said. "It was a nice change."

Ray County Sheriff Sam Clemens said there were no reported physical incidents at the derby.

"We did have a couple of people try to sneak in the alcohol, but we told them at the gate to dump it out and they did with no problems," Clemens said.

The Fair Board plans for the Ray County Fair Derby to also be alcohol-free.

DEPARTMENT OF MENTAL HEALTH * DIVISION OF ALCOHOL AND DRUG ABUSE

The Division of Alcohol and Drug Abuse (ADA) was created in 1975 and established in statute in 1980 (RSMo 631.010) as part of the Department of Mental Health, with responsibility for ensuring that quality alcohol and drug abuse prevention, evaluation, treatment and rehabilitation services are accessible. The Department of Mental Health updated its Strategic Plan in 2009. In that plan Department and Division priorities are identified.

ADA-Specific Priorities

To meet present challenges and prepare for the future, ADA will:

- Create centers for treatment addiction and prevention that link with broader healthcare and social service systems.
- Prove our value.
- Develop the ADA treatment and prevention workforce.
- Achieve treatment on demand in Missouri.

ADA Prevention-Specific Priorities

The Division's prevention program covers all segments of the population at potential risk for drug and alcohol misuse and abuse. However, the primary focus is on children who have not yet begun use. Research finds that brain changes caused by drinking before age 15 could predispose adolescents to a lifetime of alcohol dependency. Children are drinking earlier and at more dangerous levels than they did many years ago.

Prevention Goals

Create positive community norms, policy change, reduced alcohol, tobacco and other drug availability, and increased enforcement at the state and community level through the implementation of effective, evidence-based prevention programs and environmental strategies to prevent and reduce substance use and its consequences for youth, adults and families in Missouri.

Prevention Objectives

- By FY 2015, consequences of substance abuse in Missouri will be reduced as a result of prevention programs implementing effective and evidenced-based programs and strategies and the Strategic Prevention Framework.
    - Reduce alcohol, tobacco and drug use among youth.
    - Reduce alcohol and drug use among pregnant women.
    - Reduce alcohol and drug use among general population.
    - Reduce unnecessary accidents and emergency room visits.

Prevention Outcomes

- Reduced accidents and emergency room visits and hospitalization as a result of alcohol consumption by youth and adults.
- Reduced accidents and emergency room visits and hospitalization related to marijuana and other drugs by Missouri's youth and adults.
- Increased drug free births

Programs and Numbers Served

Contracted Prevention Providers	Number of Programs	Numbers Served
Regional Support Centers	12	399,816
Direct Programs/Services	12	143,774
School-Based Programs	5	7,929
College-Based Program/Services	1	110,864
Strategic Prevention Framework	17	446,786
Deaf & Hearing Impaired Services	1	3,397

ADA Prevention Targets

Binge Drinking: By FY 2015, reduce binge drinking among Missouri's youth and young adults from FY 2007 baselines.

- The percentage of Missourians between the ages of 12 and 25 engaging in binge alcohol use in the past month is 29.5% which is higher than the national rate of 27.7% (SAMHSA, 2007).
- Students who binge drink are at increased risk of being assaulted (including sexually) or injured, or experiencing academic and legal problems (U.S. Department of Health and Human Services, 2007).

Substance Use Onset: By FY 2015, delay onset of first use of alcohol and marijuana among youth from FY 2007 baselines.

Current Use of Alcohol and Marijuana: By FY 2015, reduce use of alcohol and marijuana among youth in past 30 days from FY 2007 baselines.

- Average age of first use of alcohol for Missourians is 13.2 years. For marijuana, average age of first use is 13.5 years of age (Missouri Department of Mental Health, 2009).
- Research indicates that individuals who start drinking early in life are at increased risk to develop alcohol addiction and to incur alcohol-related injuries later in life (Hingson et al, 2000; Hingson et al, 2006).
- Marijuana smoke contains more carcinogens than tobacco smoke (NIDA, 2009).
- Missouri's youth ages 12 to 17 are drinking and using marijuana at rates similar to that of the nation as a whole (SAMHSA, 2007).
- In a given year, about 15,000 Missourians receive treatment for alcohol addiction disorders through the Missouri Division of Alcohol and Drug Abuse. Another 11,000 receive treatment for marijuana addiction (Smith et al, 2009).
- In 2007, approximately 58,700 hospital and emergency room admissions across the state were alcohol-related (Smith et al, 2009). Nearly 5,000 admissions were marijuana-related (Missouri Department of Public Safety, 2008).

Risk Awareness: By FY 2015, increase the number of youth who perceive risk/harm of alcohol, cigarettes, marijuana and other drug use from FY 2007 baselines.

- Majority of Missouri youth perceive heavy drinking (75.6 percent), smoking a pack of cigarettes per day (94.5 percent), or smoking marijuana (82.8 percent) as at least moderately risky or harmful (Missouri Department of Mental Health, 2009).
- [National data to be requested from SAMHSA Office of Applied Studies.]

Prescription Misuse: By FY 2015, reduce prescription drug misuse among young and older adults from FY 2007 baselines.

- About 7 percent of Missouri's youth and 13 percent of its young adults have abused prescription drugs in the past year (SAMHSA, 2007).
- National data suggests that roughly 3 percent of older adults are unintentionally misusing prescription drugs (SAMHSA, 2007; NIDA, 2001). [Missouri data to be requested from the SAMHSA Office of Applied Studies.]
- In a given year, nearly 1,400 Missourians are admitted to substance abuse treatment for a prescription drug problem (Lundy, 2010).

Youth Use of Tobacco: By FY 2015, reduce smoking and other tobacco use among Missouri's youth from FY 2007 baselines.

- Missouri's youth ages 12 to 17 are smoking at a higher rate than compared to that of the nation (13.9 percent in the past month vs. 11.4 percent) (SAMHSA, 2007).
- An estimated 9,400 Missourians die each year from smoking (Smith et al, 2009).
- Smoking has been implicated in a number of diseases including various cancers, respiratory diseases, fertility and pregnancy complications, cataracts, hip fractures, low bone density, and peptic ulcer disease (U.S. Department of Health and Human Services, 2004).

Methamphetamine Production: By FY 2015, decrease meth labs from FY 2007 baselines.

- Missouri continues to lead the nation in methamphetamine clandestine laboratory incidents. In 2009, the state had 1,774 laboratory incidents (National Seizure System, 2007).
- In a given year, about 3,500 methamphetamine abusers are admitted to substance abuse treatment in Missouri (Smith et al, 2009).

Substance Use among Pregnant Women: By FY 2015, reduce substance use among pregnant women.

- National data suggests that about 5 percent of pregnant women use illicit drugs, about 10 percent use alcohol, and 16 percent use tobacco (SAMHSA, 2008).
- [Missouri data to be requested from the SAMHSA Office of Applied Studies.]

- An estimated 13,300 Missouri newborns will be exposed to nicotine in a given year. About 8,600 will be exposed to alcohol with over 700 developing FAS/FASD disorders. Over four thousand newborns will be exposed to illicit drugs (Missouri Department of Mental Health, 2009)

Youth Access to Tobacco: Continue to meet the requirements of the Synar Amendment for reducing the sale and distribution of tobacco products to individuals under the age of 18.

- The federal Synar regulation requires all states to reduce the number of successful illegal purchases by minors to no more than 20 percent of attempts in each state per year.
- Missouri has reduced the percentage of its retailers failing tobacco checks from 40 percent in 1996 to 7.5 percent in 2009 – as measured by the state's annual Synar survey.

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Missouri Prevention NOMs

Prevention NOMs	Ages 12-17			Ages 18+		
	2006	2007	2006-07 Variance	2006	2007	2006-07 Variance
30-day Use						
Alcohol	31.5%	28.9%	-2.6%	51.7%	54.3%	2.6%
Cigarettes	14.2%	11.1%	-3.1%	33.7%	33.2%	-0.5%
Other Tobacco Products	8.7%	5.8%	-2.9%	11.8%	9.6%	-2.2%
Marijuana	6.7%	6.7%	0.0%	5.6%	5.7%	0.1%
Illegal Drugs Other than Marijuana	5.4%	4.2%	-1.2%	3.6%	5.0%	1.4%
Perception of Risk						
Alcohol	79.0%	75.6%	-3.4%	79.5%	78.8%	-0.7%
Cigarettes	95.4%	94.5%	-0.9%	93.2%	94.0%	0.8%
Marijuana	85.0%	82.8%	-2.2%	75.3%	77.2%	1.9%
Age of First Use						
Alcohol	13.1	13.2	0.1	17.2	17	-0.2
Cigarettes	12.4	12.8	0.4	15.2	15	-0.2
Other Tobacco Products	13.2	13.4	0.2	18.5	18.4	-0.1
Marijuana	13.3	13.5	0.2	17.7	17.9	0.2
Illegal Drugs Other than Marijuana	12.9	13.1	0.2	20.9	19.5	-1.4
Disapproval of Youth Use						
Cigarettes	88.0%	90.2%	2.2%			
Experimental Use of Marijuana	83.5%	84.8%	1.3%			
Regular Use of Marijuana	83.0%	84.0%	1.0%			
Alcohol	88.3%	86.5%	-1.8%			
Perception of Workplace Policy						
Random Alcohol/Drug Test in the Workplace	24.2%	27.5%	3.3%	46.1%	42.8%	-3.3%
Past Year Family Communications Around Drug and Alcohol Use						
Parent-child discussion about dangers of substance use	56.9%	56.9%	0.0%	n/a	n/a	n/a
Exposure to Prevention Message						
Exposure to Prevention Message	93.6%	91.1%	-2.5%			

Data pre-populated in FFY 2009 SAPT BG. Data source: NSDUH

	2006	2007	2006-07 Variance
Average Daily School Attendance Rate	94.0%	93.7%	-0.3%
Alcohol-Related Traffic Fatalities	45.6%	39.5%	-6.1%
Alcohol- and Drug-Related Arrest Index (base year 2000)	221.6	177.2	-44

Data pre-populated in FFY 2010 SAPT BG. School attendance data from National Center for Education Statistics, Common Core of Data. Alcohol-related traffic fatalities from National Highway Traffic Safety Administration Fatality Analysis Reporting System. Alcohol and drug-related arrests from the Federal Bureau of Investigation Uniform Crime Reports. Alcohol- and drug-related arrests are calculated as an index relative to the base year of 2000. Alcohol Past 30 Day Use for 12-17 incorrect in SAPT Block Grant - CSAP loaded wrong data. NSDUH has alcohol use in the past month for age 12-17 as 16.28% (2006-2007 NSDUH).

Prevention Strategies and Activities

The Division of ADA contracts with various prevention agencies across the state to plan and implement prevention strategies and programs. The state's investment in the infrastructure of the Statewide Training and Resource Center and Regional Support Center (RSC) network, and Partners in Prevention program on state college campuses, positions Missouri to achieve population-level changes in substance use patterns locally and across the state. The Regional Support Centers' scope of work was re-written in 2009 to incorporate the Strategic Prevention Framework as well as many other specific elements to promote positive prevention outcomes.

These funded programs are required to:

- Develop, implement and evaluate a comprehensive strategic plan with identified target outcomes based on community needs.
- Utilize data to identify prevention needs, gaps, and resources.
- Implement evidence-based programs and strategies that address identified gaps and needs. Implement strategies with fidelity.
- Implement the Strategic Prevention Framework.
- Evaluate services and progress toward outcomes.
- Have formal agreements with multiple community-level partners to collaborate in community planning and implementation.
- Select and implement prevention practices that are culturally appropriate.
- Select a comprehensive package of evidence-based strategies that are likely to have a positive impact on the community. The selected strategies should address one or more of the Center for Substance Abuse Prevention's six core strategies.
- Address sustainability.
- Report NOMs data and other information to ADA in a timely manner.
- Participate in public policy and advocacy support and training.
- Promote a unified prevention message across the state and collaborate on media campaigns.
- Implement tobacco merchant education to retailers (RSCs).
- Be an ADA certified program, which means each funded program must be in compliance with the Core Rules for Psychiatric and Substance Abuse Programs.

Funded program staff are required to:

- Meet ADA Certification Standards for Personnel.
- Acquire and maintain the Missouri Substance Abuse Prevention Associate (MSAPA) credential.
- Participate in Substance Abuse Prevention Specialist Training (SAPST) training.
- Use data to identify local needs and develop strategic plans.

- Assess effectiveness of prevention strategies.
- Conduct evaluation and monitor progress toward goals.
- Plan for workforce development.

Unfunded Strategies and Activities

- SBIRT – Promoting, Training, and Implementation of Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) in medical communities across the state. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders as well as those at risk for developing these disorders.

    - Hazardous alcohol and substance use has significant medical, social, and financial consequences.
    - SBIRT decreases the frequency and severity of drug and alcohol use and reduces the risk of trauma.
    - Earlier intervention leads to reduced costs and less time in hospital.
    - SBIRT provides linkages between substance use, mental health, public health, the private healthcare system and healthcare providers.
    - Brief interventions are effective with a wide variety of behavioral health problems.
    - Risky and problematic substance use is common among patients in healthcare settings.
    - SBIRT in medical settings offers a "teachable moment."Biddle, *Addiction*, 2000

- Partnerships for Success Grant – Missouri plans to apply for the next round of Partnerships for Success grants to help maintain its prevention systems and further enhance the way prevention is conducted. The Partnerships for Success program is designed to address gaps in prevention services and increase the ability of States to help specific populations or geographic areas with serious, emerging substance abuse problems. Supported by Partnerships for Success funds, Missouri would be able to: 1) leverage and begin to integrate all needed State-wide prevention-related resources, leadership, technical support and monitoring; 2) set measurable, need-based, State-wide performance targets for substance abuse prevention; and 3) partner with identified sub-recipient community coalitions to meet those targets. Sub-recipient communities would implement evidence-based programs, policies and practices, guided by the five steps of the Strategic Prevention Framework.

- Prevention of Substance Abuse and Mental Illness through Prevention Prepared Communities – Missouri looks forward to creating prevention prepared communities where individuals, families, schools, workplaces, and communities take action to promote emotional health and prevent and reduce mental illness, substance abuse, and suicide across the lifespan.

Implementation Plan

All ADA contracts for prevention services are in place for one year, from July 1 until June 30th the following year. Contracts are monitored on a monthly basis by state-level prevention staff. Contracts are renewed annually based on availability of funding, fulfillment of contract terms, and effectiveness of services. Contracts are re-bid as necessary.
Regional Support Centers (RSCs) are required to submit a Strategic Plan to ADA annually for approval. Once approved, these plans are monitored by ADA staff to ensure progress toward identified goals.

The Statewide Training and Resource Center provides training and technical assistance to prevention providers. They assess the training needs across the state and provide the necessary assistance to help prevention programs be successful.

The Statewide Epidemiology Workgroup will assist the state in making the link between the data they generate and the prevention objectives outlined, as well as providing local programs with data that drives the selection of their program strategies and will also address the statewide targets.

Prevention Infrastructure Goals

- ADA will ensure that prevention services are part of a Recovery-Oriented System of Care.
- ADA will create centers for addiction treatment and prevention that link with broader healthcare and social service systems.
- ADA is preparing the prevention network and coalitions for the future by strongly recommending they broaden their scope of work to include preventing mental, emotional, and behavioral disorders, as many of the risk and protective factors overlap with substance abuse factors. ADA will assist in linking them with potential opportunities.

ADA will continue to require contracted prevention providers to enter data into the Minimum Data Set. The Minimum Data Set (MDS), CSAP's web-based management information system is utilized by DMH/ADA prevention providers to collect demographic data for contracted prevention services. The data collected is used to complete the Prevention sections of the Substance Abuse and Mental Health Services Administration Substance Abuse Prevention and Treatment Block Grant application, special requests from National Association of State Alcohol and Drug Abuse Directors, Data Consolidated Coordinating Center, and Center for Substance Abuse Prevention, and for state-level reporting. Missouri houses the MDS in a server located at the Department of Mental Health.

Missouri participated as a pilot state during the transition of the Minimum Data Set from a software program to web-based. DMH/ADA continues to participate in federal-level MDS meetings coordinated by KIT Solutions, the CSAP contractor.

Workforce Development

- Continue to develop Missouri's prevention workforce.
- Make available prevention workforce opportunities and a training system within the Missouri Statewide Training and Resource Center.

In the last few years, Missouri has made significant steps in preparing the substance abuse prevention workforce by establishing a credentialing process. In the past, prevention professionals have not been interested in obtaining the ICRC prevention certification due to the costs and time of acquiring and maintaining it. The Division of Alcohol and Drug Abuse and the Missouri Substance Abuse Professional Credentialing Board (MSAPCB) worked together to establish a three-tiered credentialing process to reach the entire spectrum of prevention professionals. All three levels of credentialing are marked by training, experience and education. Five years ago, Missouri had seven prevention professionals with a credential and now that number has increased to over 150 because of this new credentialing process. The Division of ADA requires that all funded prevention programs obtain at least the first credential level. ACT Missouri and MSAPCB coordinate trainings across the state to assist individuals in acquiring the skills and experience needed to move across credentialing levels. More information about the three credential levels can be found at www.msapcb.com.

Prevention workforce characteristics have significant implications for prevention programming. The strategic prevention framework is a rigorous model that requires an understanding of prevention science and the ability to perform numerous capacity building, program management, and evaluation activities. In looking toward the future, ADA realizes it is important to cultivate and support a workforce that can meet the demands of changing prevention system environments.

Evaluation Plan

The move to science-based prevention called for sound approaches to needs assessment, resource allocation, program monitoring and improvement, and documentation of prevention outcomes. Evaluation activities are integral to program management and to the Strategic Prevention Framework. Evaluation efforts should provide support for the planning, implementation and improvement of prevention efforts in Missouri. At the beginning of the programming process, needs must be assessed and programs and strategies must be identified to address needs. Once programs have been implemented, evaluation efforts can serve to assess the degree to which prevention efforts have been successfully implemented.

State Level:

- Assure Data is available to communities by monitoring state and local drug trends:
  - Missouri Student Survey and Report
  - ADA Status Report
  - Missouri Data Querying Site
- The Minimum Data Set (MDS) enables Missouri to uniformly collect and analyze prevention services and demographic data.
- ADA monitors local prevention providers for quality of service delivery and fidelity.
- ADA and ACT Missouri train providers on evaluation skills and techniques.
- ACT Missouri will produce a year end coalition and support center outcome/success report.

Local Level:

- Regional Support Centers (RSCs) annually conduct community needs assessment to assist in developing their strategic work plans. RSCs evaluate their programs for effectiveness. (*See RSC contract.)*

The Division of ADA will provide data analysis in support of a Prevention Needs Assessment. ADA will continue to annually publish the *Status Report on Missouri's Alcohol and Drug Abuse Problems*. This report is updated annually and issued online by DMH. The purpose of this document is to support research, education, policy-making, planning, and evaluation activities. As a reference tool, the report provides consistent sets of year-to-year data on alcohol and drug usage rates and reported events that result from substance abuse. In addition, ADA has developed an online reporting website for the Missouri Student Survey, a biannual consumption and risk and protective factor survey of students ages 12-17. This will allow all communities in Missouri to locate and run basic analyses on the data, drilling down to the local level.

The State Epidemiology Workgroup (SEW) will assess data trends and geographical variations to develop an assessment of prevention need in the state and prepare an annual summary report prioritizing areas of need. The work by the SEW will help coalitions conduct needs assessments, planning, and subsequent evaluations. The SEW will continue to monitor drug trends across the state. The SEW will assist the state in making the link between the data that they generate and the prevention objectives outlined, as well as providing local programs data that drive selection of local program strategies that will also address the statewide targets.

The Division of ADA has a longstanding partnership with the Missouri Institute of Mental Health who is dedicated to providing research, evaluation, policy and training expertise to the Department and other organizations.

Synar

ADA will continue to ensure that Missouri stays in compliance with the Synar Amendment and will maintain a retailer violation rate lower than 20%. Contracted RSCs will continue to provide merchant education to tobacco retailers across the state. ADA will continue to collaborate with the Division of Alcohol and Tobacco Control (ATC) on enforcement and training efforts.

% of MO Retailers Failing Tobacco Checks		Meet Synar?
2009	7.50%	yes
2008	9.60%	yes
2007	5.60%	yes
2006	6.30%	yes
2005	6.40%	yes
2004	11.50%	yes
2003	8.90%	yes
Baseline 1996	40.30%	N/A

Calendar year is provided.

Sustainability

ADA ensures that activities are sustainable by training funded programs and coalitions in approaches that promote sustainability at every step of the Strategic Prevention Framework. Funded programs will be expected to build sustainability into their data collection process, plan and approach by building community readiness; seeking buy-in from community leaders; using evidence-based approaches that are monitored and evaluated; leveraging funds whenever possible; and collaborating with local prevention partners. Centralizing prevention data is also an essential component of sustainment. A good beginning has been made with the SEW and the Strategic Prevention Framework State Incentive Grant. The ADA Status Report, DHSS's MICA system and the Missouri Student Survey are ongoing data resources for agencies and communities. Also, ADA has developed a data querying site that is available to the public.

ADA will continue to develop Missouri's prevention workforce. ADA, through a contract with the Statewide Training and Resource Center (STRC), will continue to offer workforce development opportunities. The STRC will also collaborate with our Missouri Substance Abuse Professional Credentialing Board.

ADA will continue to partner with other state agencies/groups providing prevention services across the state to leverage funds and opportunities whenever possible. These agencies include but are not limited to: the Department of Health and Senior Services, Department of Elementary and Secondary Education, Division of Highway Safety, and Department of Public Safety.

ADA is preparing the prevention network and coalitions for the future by strongly recommending they broaden their scope of work to include preventing mental, emotional, and behavioral disorders, as many of the risk and protective factors overlap, and linking them with potential opportunities.

Cultural Competence

Through current projects ADA continues to develop the understanding needed to guide the identification and implementation of culturally, competent, evidence-based programs and strategies following the assessment of risk and protective factors, readiness, assets and resources, and priorities. Staff and funded program staff should be familiar with local communities' cultures and languages, and also have additional cultural skills and knowledge that lend them to working with any new emerging cultural situations which may present them. Training is provided to staff and funded program staff as needed.

The diversity of the State Advisory Council on Alcohol and Drug Abuse will continue to contribute to the process of identifying culturally responsive, evidence-based programs and strategies. Also, ADA and MIMH has extensive experience implementing and evaluating culturally appropriate/competent prevention interventions. ADA will conduct annual assessments of the prevention system to ensure that programs, policies, and services are offered in ways that are meaningful to recipients consistent with their cultural world views. ADA will continue to devise strategies that enhance and guarantee cultural competence throughout the system.

Enclosures

Prevention Budget
DMH Strategic Plan
RSC Contract
ACT MO Contract

Prevention Budget

FY 2010 Prevention Costs (Approp)						
Description	*Fund*	*FTE*	*Personal Services Budget*	*Expense & Equipment/PSD Budget*	*Total Cost*	*% of Total Prev Cost*
Direct Staff Prevention	GR	0.06	25,973$	---	25,973$	
Direct Staff Prevention	FED	15.70	664,699$	$ 174,220	838,919$	
Total Direct Prevention Staff		15.76	690,672$	$ 174,220	864,892$	
Administration *	GR	1.87	102,534$	$ 3,518	106,052$	
Administration *	FED	2.19	91,922$	$ 18,671	110,593$	
Administration *	HIF	0.10	4,585$	$ -	4,585$	
Administration *	MHEF	0.36	11,603$	$ 5,328	16,931$	
Total Direct and Administrative Prevention Costs		20.28	$ 901,316	$201,737	1,103,053$	8.9%
Prevention Services					11,314,102$	91.1%
Total Prevention Cost					12,417,155$	

*These figures are prorated based on total direct dollars and services for prevention.

FY 2011 Prevention Costs Requested

Description	*Fund*	*FTE*	*Personal Services Budget*	*Expense & Equipment/PSD Budget*	*Total Cost*	*% of Total Prev Cost*
Direct Staff Prevention	GR	0.06	25,973$	$ -	25,973	
Direct Staff Prevention	FED	15.7	664,699	$ 168,485	833,184	
Total Direct Prevention Staff		15.76	690,672	$ 168,485	859,157	
Administration *	GR	1.89	102,761	$ 3,568	106,329	
Administration *	FED	2.12	89,526	$ 18,938	108,464	
Administration *	HIF	0.1	4,650	$ -	4,650	
Administration *	MHEF	0.36	12,076	$ 5,097	17,173	
Total Direct and Administrative Prevention Costs		20.23	899,685	$196,088	$1,095,773	8.8%
Prevention Services					$11,319,837	91.2%
Total Prevention Cost					$12,415,610	

*These figures are prorated based on total direct dollars and services for prevention.